

CIVIL AIR PATROL, VERMONT WING
AUXILIARY OF THE UNITED STATES AIR FORCE
Director of Finance
P.O. Box 9373
South Burlington, Vermont 05407-9373

REQUEST FOR PAYMENT/REIMBURSEMENT

Date: _____

Amount: _____

Name: _____

Address: _____

City: _____ State/Zip: _____ Phone: _____

FM USE ONLY

DATE PAID: _____

CHECK #: _____

AMOUNT: _____

ACCOUNT: _____

RECEIPTS OR INVOICES MUST BE ATTACHED TO THE BACK
USE A SEPARATE LINE FOR EACH ITEM – ALL COLUMNS MUST BE FILLED IN

ITEM BOUGHT

(Gasoline, printing, cartridges, postage, copier paper,
batteries, etc.)

TO BE USED IN

(CAP building, radio Serial #, Squadron VT0##, Vehicle ID
[V44XXX – Not license #], Aircraft Tail #, Activity, etc.)

AMOUNT

Cost of Items

Claims MUST be filled within 30 days of date on receipt(s).

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM – “The claimant shall forfeit and pay to the United States the sum of two thousand dollars plus double the amount of damages sustained by the United States.” (See 31 USC § 3729)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM – “Fine of not more than ten thousand dollars or not more than five years in prison or both.” (See 18 USC § 287.1001)

SIGNATURE (Required): _____